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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Gambia

Proposed UNFPA assistance: $4.3 million, $2.75 million from regular resources and $1.55 million from co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Fifth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.30	0.70	2.00
Population and development strategies	0.95	0.40	1.35
Advocacy	0.20	0.45	0.65
Programme coordination and assistance	0.30	-	0.30
Total	2.75	1.55	4.30

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GAMBIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	44	≥60
Contraceptive prevalence rate (%)[2/]	12	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	1.52	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	154.8	≤65
Infant mortality rate (per 1,000 live births)[5/]	122	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	24	≥50
Secondary net enrolment ratio (%)[8/]	60	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (*2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	1,337	Annual population growth rate (%)	2.38
Population in year 2015 (000)	1,781	Total fertility rate (/woman)	4.79
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	45.7
Ages 0-14	40.3	Females	48.5
Youth (15-24)	17.9	Both sexes	47.1
Ages 60+	5.2	GNP per capita (U.S. dollars, 1998)	340

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

Executive summary

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over a five-year period, starting in January 2002, to assist the Government of the Gambia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $4.3 million of which $2.75 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA will seek to provide the balance of $1.55 million through co-financing arrangements and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. The Gambia is classified as a "Category A" country in terms of UNFPA allocation criteria. This would be the Fund's fifth programme of assistance to the Gambia.

2. The proposed programme has been designed based on the Common Country Assessment (CCA) exercise, the strategic orientation of the United Nations Development Assistance Framework (UNDAF), and the recommendations contained in the February 2000 Country Population Assessment (CPA) and the 2000 Poverty Reduction Strategy Paper. It is the outcome of the close collaborative efforts of a Government-led technical working group consisting of 16 members representing key government institutions, non-governmental organizations (NGOs), the United Nations system, other donors and networks of legislators, youth and religious organisations networks. Based on the conclusions and recommendations of the CPA, a workshop was organized to draft the proposed programme with active participation of the technical working group and UNFPA-supported programme managers and directors. The programme cycles of UNICEF, UNDP, and UNFPA will be harmonized starting in 2002.

3. The programme is consistent with the Government's overall objectives on population and development as stated in the programme for sustained development; the revised national population policy; the national education policy 1998–2003; the strategy for poverty alleviation; the highly indebted country initiative; Vision 20/20 and lessons learned during the implementation of the fourth country programme. The overall goal of the Government as stated in the national population policy is to improve the quality of life and raise the standard of living of all Gambians by, among other things: (a) improving the quality and extending the availability of health services in order to reduce morbidity and infant, child and maternal mortality rates; (b) achieving universal access to quality education with particular priority given to primary and technical education and on-the-job training; (c) eliminating gender disparities in access to, and retention in, school; (d) achieving gender equality and equity based on harmonious partnerships between men and women; and (e) eliminating all forms of discrimination against girls and women. UNFPA proposes to assist the Government in attaining these goals in the areas of reproductive health, population and development strategies and advocacy.

4. All activities under the proposed programme will be undertaken with a human rights approach and in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Central Statistical Department estimated the population of the Gambia at 1.4 million in 2000. The natural increase of 2.9 per cent a year coupled with a net migration into the country of 1.3 per cent are some of the main contributing factors to the high population growth rate of 4.2 percent experienced during the intercensal period 1983-1993. If this rate of growth continued, the population would double in 17 years. The past two decades witnessed a high rate of influx of both economic and non-economic migrants, increasing pressure on the already over-stretched social sectors. The recent influx of refugees from the subregion, mostly from Senegal, Sierra Leone and Guinea-Bissau, has further exacerbated the situation. Therefore, the Government considers it prudent to formulate a comprehensive migration policy to address the migration issue. The country has a population density of 131 persons per square kilometre, with an unequal distribution among divisions.

6. Total fertility rate declined slightly from 6.39 in 1983 to 6.04 in 1993. Life expectancy at birth is 55 years for both sexes, 54 years for males as compared to 57 for females. The Gambian population is characterized by its youthfulness. In 1993, the population aged 0-14 years represented 44 per cent of the total while the 14-20 year age bracket constituted 17 per cent. Women of reproductive age (15-49 years) represent 46.71 per cent of the total female population. The elderly population (60 years and over) was estimated at 5 per cent. This resulted in a dependency ratio of 88 per cent as of 1993.

7. An adolescent health survey was conducted in 2000, targeting the 14-24 year age bracket. The main findings include the following: (a) the mean age at first sexual intercourse was 16 years for girls and 18 years for boys; and (b) less than 25 per cent of school children had been exposed to reproductive health information. About the same proportion were aware of the period in a woman's menstrual cycle when she can get pregnant, and about 20 per cent had heard of modern contraceptive methods. More than 80 per cent of the respondents knew the modes of transmission and prevention of sexually transmitted infections (STIs), including HIV. However, about 18 per cent did not believe in the existence of HIV/AIDS. Furthermore, it was also noted that rapid urbanization, increased incidence of STIs (including HIV), increased cases of unwanted pregnancies and the consequences of unsafe abortions among young people pose serious threats to their health. These problems are exacerbated by the fact that in Gambian culture and traditions, parents rarely discuss sensitive issues such as sexuality with their adolescent children, particularly girls.

8. Communicable diseases such as malaria, diarrhoea, tuberculosis and STIs continue to account for significant morbidity and mortality in the Gambia. Unfortunately, the paucity of data for most of these diseases makes it difficult to discern a trend. The 1993-1994 household survey showed, for instance, that women in the reproductive age group reported a high proportion of health consultations related to illness in the antenatal period (ranging from 20 to 38 per cent). HIV infection rates are relatively low in the Gambia but are on the increase. The nationwide seropositive survey of 1991 showed an HIV prevalence rate of 2.2 per cent among the adult population (15 and above). In 2000, the Medical Research Council of the United Kingdom estimated the prevalence rate at 4 per cent. The maternal mortality ratio of 1,050 per 100,000 shown by the 1990 maternal

mortality study is considered unacceptably high compared to other countries in the subregion. There is also great variation in maternal mortality, with 900 per 100,000 live births in urban areas and 1,600 per 100,000 in rural areas. Contributing factors to high maternal mortality rates include poor quality of care in both prenatal and delivery services, inadequacies in high-risk selections and referrals, and delays and/or inappropriate treatment of life-threatening complications of pregnancies and delivery. The infant mortality rate decreased from 99.4 per 1,000 live births in 1980 to 89.4 per 1,000 in 1990, according to the Gambian contraceptive and fertility determinant survey.

9. As many as 90 per cent of the Gambian population have access to health services if measured by the indicators of distance or travelling time. If access is measured in terms of affordability of transport cost and of the ability to pay for drugs, the majority of the rural population does not have adequate access to health services in that as 64 per cent of the population lives below the national income poverty line. According to the Gambian contraceptive and fertility determinant survey, contraceptive use is very low: just 7 per cent for modern contraceptives and 5 per cent for traditional methods, although knowledge of and access to contraceptives (81 and 76 per cent, respectively) are high. The low contraceptive prevalence rate is partly due to the fact that officially contraceptives are provided only to married couples with the consent of the husband. Furthermore, service providers tend to promote certain methods at the expense of others.

10. Poverty and cultural practices have a negative impact on enrolment rates at the secondary school level as compared to primary school level. For example, gross primary enrolment for the 1998/1999 school term was 71 per cent for boys and 66 per cent for girls compared to secondary school enrolment for the same year of 10 per cent for boys and 7 per cent for girls. Literacy levels are low in the Gambia and vary by geographic location and gender. The 1993 population and housing census revealed an illiteracy rate of 73 per cent for women compared to 45 per cent for men.

11. The Government has introduced some policies to address the low status of women. These include the establishment of: (a) the National Women's Council and Bureau to focus on the advancement of women and to act as an advisory body to the Government; and (b) gender and poverty focal points in all government institutions and in a number of NGOs and private sector institutions. The National Policy for the Advancement of Gambian Women, formulated in 1994, provides the institutional framework and operational mandates for gender-oriented population activities in the country.

12. Gambian society is male dominated with women having little decision-making power. Prevailing culture subscribes to polygamy, female genital cutting (FGC), early marriage resulting in low age at first birth, and low status of women characterized by poor access to resources and education and lack of control over land. In rural areas, traditional beliefs and customs are very strong and women are valued mostly for their fertility. The common form of FGC practiced in the Gambia is clitoridectomy. It has been estimated that more than 80 per cent of all rural girls and women are subjected to this practice, which remains widespread despite publicity about its social and health hazards.

Previous UNFPA assistance

13. UNFPA population assistance to the Gambia began in 1972, and the first country programme was initiated in 1979. Up to 1996, UNFPA provided a total of $7.9 million to: (a) conduct data collection and analysis activities, including a population and housing census in 1993; (b) formulate the first national population policy in 1992, and its revision in 1996, taking into account the ICPD Programme of Action; (c) implement national maternal and child health and family planning (MCH/FP) activities nationwide; and (d) increase awareness of population issues.

14. The fourth country programme (1997-2001) was designed to assist the Government of the Gambia strengthen its national capacity to fulfil the objectives of its population and health policies and their associated action plans. A total amount of $4.5 million was approved, out of which $3.5 million was to come from regular resources and $1 million from multi-bilateral sources. Total expenditures during the programmes are estimated at $2.1 million. The fourth country programme was operationalized through three subprogrammes in the areas of population and development strategies, reproductive health, and advocacy. National execution was the main execution modality, with several activities subcontracted to local NGOs.

15. In the area of reproductive health a mix of modern methods of contraceptives was made available at the primary and secondary levels of the health-care delivery system while long-term and permanent methods are provided at government referral hospitals. Pills ranked as the most popular method of contraception, followed by injectables. Voluntary surgical contraceptive services are currently being provided at two hospitals. Sensitization activities carried out by community-based agents targeting men and traditional healers resulted in improved timely referral of pregnant women and emergency cases to health facilities, as evidenced by the 15 per cent increase in the number of patients visiting such facilities compared to previous years. The technical capacity of middle-level managers was enhanced through a training programme, which led to the development of a reproductive health training manual for service providers for the promotion of reproductive health concepts and the improvement of service delivery. During the programme period, field visits focusing on MCH/FP were instrumental in helping service providers to identify areas that needed improvement, including insufficient integration of reproductive health services into health structures, weak contraceptive commodity management and poor quality of services.

16. A situational analysis was conducted in Lower River, Central River and Upper River divisions in order to obtain baseline information on reproductive health. The results showed an improvement in maternal child health and a substantial increase in the knowledge and use of contraceptives in the North Bank Division from 11 per cent to 30 per cent. It is hoped that the same pattern will be observed in other targeted divisions.

17. Under the population and development strategies subprogramme, the production of curricula and learning materials in population and family life education, their translation into Arabic and increased awareness among parents and teachers associations have served to help clear any doubts and misconceptions that existed about the relevance of introducing population and family life

education into the formal school curriculum and madrassah institutions. This also resulted in a demand for additional materials, met by UNFPA, that was created by increased school enrolment and expansion of activities to private schools. With UNFPA support, the Government formulated a comprehensive national youth policy and action plan in 1998, and the Ministry of Health began to focus on adolescent reproductive health issues. UNFPA initiated the provision of incentives to 16 girls studying science in grade 10 in order to reduce the gender gap in this field. This initiative, which was a pilot covering tuition fees and books, was further facilitated by the financial support of other United Nations system agencies working in the Gambia.

18. The advocacy subprogramme has successfully set up national networks specifically for journalists, traditional communicators and members of the National Assembly. Local committees have been set up in each of the divisions to undertake education campaigns on population issues. With UNFPA support, the African Network for Information and Action Against Drugs completed a community baseline survey and launched divisional and district-level youth-awareness workshops to combat drugs that also addressed such issues as promiscuity, prostitution, teenage pregnancy and STIs. In view of the proportion of Muslims in the country, two Islamic NGOs received support from UNFPA to develop radio programmes on the harmful effects of FGC and other forms of violence against women, targeting opinion leaders. As a result, the majority of religious leaders have been exposed to the issues, and some of them are committed to assisting in educating the community on FGC.

19. Lessons learned during the implementation of the fourth country programme include: (a) government commitment through public support for comprehensive information, education and communication (IEC) programme activities is crucial for the attainment of the stated objectives; (b) experience has shown that the use of local expertise, such as sub-contracting local NGOs, ensured timely implementation of activities while helping to build capacity among these organizations; (c) collecting data and undertaking operational research to monitor indicators is critical to assess programme achievements; and (d) the involvement of traditional social structures in reproductive health activities has a positive impact on the knowledge and use of contraceptives.

Other external assistance

20. The World Bank has approved $20 million for a health, population and nutrition project covering the period 1998-2001. This project addresses maternal and child health, reproductive health and STI (including HIV) prevention. The social marketing of contraceptives and IEC components of the project are yet to start. For that component, it is expected that UNFPA will purchase the contraceptives for the World Bank.

21. A UNICEF programme of assistance of $1 million for 1999 includes a girls' education component, with emphasis on creating an enabling and self-learning environment for girls to improve retention and their performance in school, and activities in the area of maternal and child health. UNDP approved a $2.1 million project militating against economic and social exclusion over the period 2000-2003. A component of the project deals with HIV/AIDS through the provision of

laboratory equipment, IEC materials, and advocacy activities. WHO has been assisting the Government in establishing a school of medicine, nursing and public health for training of health personnel, and in strengthening laboratory health services and management and health system research.

22. The Department for International Development (DFID) of the United Kingdom is funding a mainstreaming poverty and gender project in the amount of $1.32 million for the period 2000-2002. This project aims to bring about a poverty reduction and gender focus approach to policy-making, planning and budgeting.

Proposed programme

23. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to increased availability of quality and gender-sensitive reproductive health information and services. The major issues to be addressed under the reproductive health subprogramme include: (a) high maternal and infant mortality rates; (b) low utilization rates of reproductive health information and services; (c) absence of a coherent policy framework for reproductive health; (d) limited access to and awareness of reproductive health services among young people; and (e) limited baseline data and operational research to monitor health indicators.

24. The first output would be improved reproductive health, including family planning and sexual health, services for men and women. This would be achieved through: (a) formulating and operationalizing a national reproductive health policy and an ensuing reproductive health IEC strategy and plan targeting the entire population; (b) offering at least three reproductive health components in about 70 per cent of the service delivery points and a comprehensive emergency obstetric care in six major health centres; and (c) providing contraceptives, including female and male condoms.

25. The second output would be enhanced youth-friendly reproductive health information and services. This would be done by: (a) creating five youth centres offering reproductive health information, counselling and services; (b) introducing friendly reproductive health information and services in three divisional health facilities and two NGO-managed health centres; and (c) training peer educators to develop peer-counselling activities.

26. The third output would be an improved reproductive health monitoring and evaluation system. This would be accomplished through: (a) establishing a reproductive health database and carrying out baseline surveys and operational research to gather data and information for the monitoring and evaluation of the programme; (b) improving the reporting system and documenting achievements as well as lessons learned; and (c) elaborating and implementing a technical backstopping plan.

27. Reproductive health commodity security. The cost of contraceptives for the period 2002–2006 is estimated at $800,000. UNFPA would provide 90 per cent of that amount and the remaining

10 per cent would be covered by the Gambia Family Planning Association (GFPA), the national affiliate of the International Planned Parenthood Federation, and the World Bank under the population health and nutrition project, which includes a social marketing component. UNFPA is expected to purchase the contraceptives, including condoms, for the World Bank.

28. The strategies envisaged will focus on: (a) strengthening the capacity of national institutions for the provision of reproductive health information and services and delivery of reproductive health commodities; (b) promoting male responsibility in sexual and reproductive health; (c) strengthening the capacity of the Department of State for Youth and Sports and of NGOs to implement reproductive health information and counselling programmes for youth; (d) integrating adolescent sexual and reproductive health services into existing health centres and NGO facilities; and (e) improving the management of reproductive health programmes based on proper data management and research findings.

29. An amount of $2 million is earmarked for the reproductive health subprogramme, of which $1.3 million would come from UNFPA regular resources and the balance of $700,000 would be sought from multi-bilateral and other sources.

30. Population and development strategies. The purpose of the subprogramme in the area of population and development strategies is to contribute to the implementation of the post-ICPD national population policy. The key issues to be addressed include: (a) lack of reliable and up-to-date data, disaggregated by gender and locality; (b) weakness in the coordination of interventions related to population issues; (c) persistent gender disparities; and (d) insufficient mainstreaming of gender within development programmes.

31. The first output would be increased availability of gender-disaggregated data at national and divisional levels. This would be accomplished through UNFPA contribution to: (a) the implementation of the 2003 population census, the demographic health survey and other relevant data collection activities in order to ensure the availability of up-to date and reliable data; (b) the establishment of a national centralized database disaggregated by sex and located at the Central Statistics Department; and (c) the creation of a mechanism to regularly update national socio-demographic data.

32. The second output would be strengthened management of the population programme. This would be achieved through: (a) formulating and implementing a human resource development plan; (b) elaborating a comprehensive programme management and evaluation plan; (c) operationalizing the already elaborated national population policy implementation guidelines; and (d) decentralizing the functioning of coordination mechanisms at the divisional level.

33. The third output would be institutionalization of population and family life education in formal and non-formal educational systems. This would be achieved through: (a) the integration of population and family life education in The Gambia College of Teachers, tertiary institutions and 50

madrassah; (b) piloting population and family life education in vocational schools and youth centres; and (c) making population and family life education an examinable subject.

34. The fourth output would be taking into consideration gender approaches in programme formulation and implementation. This would be achieved through: (a) integrating gender issues in such tertiary institutions as The Gambia College of Teachers; (b) promoting the disaggregation of data by sex and ensuring that teaching materials are made free from gender bias and stereotypes; (c) advocating for increased participation of women in decision-making; and (d) advocating for laws on reproductive rights and the ratification of conventions dealing with gender equity and equality.

35. The strategies to achieve the expected outputs are the following: (a) strengthen the national capacity for data collection, analysis and dissemination; (b) improve coordination mechanisms at central and divisional levels; (c) promote a comprehensive training plan to build a critical mass of expertise in the field of population; (d) strengthen the institutionalization of population and family life education in the formal and informal educational systems; and (e) promote gender-sensitive policies and programmes.

36. An amount of $1.35 million would be set aside for the population and development strategies subprogramme, of which $950,000 would come from regular resources and the balance of $400,000 would be sought from multi-bilateral and other sources.

37. Advocacy. The purpose of the advocacy subprogramme is to contribute to the implementation of the post-ICPD national population policy. The key issues to be addressed under the advocacy subprogramme include: (a) lack of a coherent advocacy strategy; (b) the low level of retention rates for both girls and boys in the secondary school system; and (c) the low status of women.

38. The output would be reinforced capacity of institutions, NGOs, and members of civil society working in the field of reproductive health rights, including violence against women and FGC, to advocate for increased enrolment in and retention of children, especially girls, in schools and to create an enabling environment for reproductive rights. This would be done through: (a) rallying support from political, religious and traditional leaders to speak out on reproductive rights and violence against women; (b) increasing media coverage on reproductive rights and gender equity and equality; (c) promoting school enrolment and retention of girls in secondary schools; and (d) building technical capacity within the concerned NGOs and civil society to adequately address reproductive rights issues.

39. The main strategies of the subprogramme include: (a) the systematic and widespread use of modern and traditional media; and (b) the continuous involvement of key opinion leaders, such as political, religious and community leaders, in promoting reproductive rights and the education of girls.

40. An amount of $650,000 would be set aside for the advocacy subprogramme, of which $200,000 would come from UNFPA regular resources and the balance of $450,000 would be mobilized through multi-bilateral and other sources.

Programme implementation, coordination, monitoring and evaluation

41. The fifth country programme would be implemented through national execution modalities with the following institutions: Departments of State for education, health, youth and sport, work and communication and women's affairs; local NGOs; research institutions; and civil society associations. The capacity of prospective national institutions (governmental and non-governmental) would be assessed at the beginning of the programme, and the most suitable among them would be selected as implementing partners. UNFPA's established guidelines and procedures would be used for the management, monitoring and evaluation of the proposed programme. These include the usual progress reports, tripartite review meetings, evaluations and financial audits. To allow for a better assessment of the progress achieved by the programme, particular attention would be given to including indicators of progress and success in designing subprogrammes. Baseline information would be collected and programme management and monitoring plans would be elaborated. The monitoring plan would include quarterly meetings with programme directors, managers and financial assistants to promote coordination, sharing of experience and problems encountered, field monitoring visits and technical backstopping from the UNFPA Country Technical Services Team. As far as possible, national consultants and NGOs would be used for evaluation and review exercises. A mid-term review of the programme would be held in 2004 to assess the progress made, find solutions for problems encountered and reorient plans if necessary. An evaluation of the country programme would be conducted at the end of the five-year period.

42. The overall coordination of the programme would be entrusted to the National Population Commission (NPC), located in the office of the President and chaired by the Vice President. The operational arm of the NPC is the Population Secretariat, also located in the office of the President. A multisectoral technical working group under the leadership of the Population Secretariat provides technical guidance to the NPC on population programme implementation. At the divisional and municipal levels, the facilitation, monitoring and coordination of population-related activities are conducted by population task forces in collaboration with village development committees. This decentralization process at the grass-roots level is aimed at ensuring ownership and greater participation of communities in the implementation and decision-making processes.

43. The Gambia country office of UNFPA is composed of one country director who resides in Senegal, one national programme officer, one administrative and finance assistant, one secretary and one driver. The office would be reinforced with the recruitment of one National Professional Project Personnel.

44. Under the proposed programme, an amount of $300,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

45. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Gambia as presented above, in the amount of $4.3 million for the period 2002–2006, of which $2.75 million would be programmed from the Fund's regular resources to the extent such resources are available. UNFPA would seek the balance of $1.55 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of resources.

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